



# TRANSMITTAL FORM

		Application Number	10/071,938
		Filing Date	2/7/02
		First Named Inventor	Robert J. Mulligan
		Group Art Unit	2642
		Examiner Name	Chiang, Jack
Total Number of Pages in this Submission		Attorney Docket No.	CM01562L

**RECEIVED**

AUG 27 2004

Technology Center 2600

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	<input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <hr/> <hr/> <hr/>
Remarks			

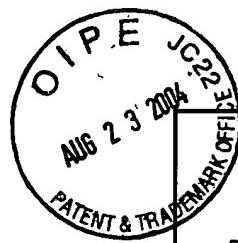
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Randi L. Karpinia	Registration No.	46,148
Signature			
Date	8/18/04		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:

Typed or printed name	Maria E. Rodriguez	Date	8/18/04
Signature			



# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$0.00

Complete if Known

Application No. 10/071,938

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Examiner Name Chiang, Jack

Group Art Unit 2642

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## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account

Deposit Account Number 50-2117

Deposit Account Name Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayment  
 Charge any additional fee(s) during the pendency of this application,  
 EXCEPT FOR ISSUE FEE  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity		
Fee	Fee	Fee	Fee
Code	Code	\$	\$
1001	770	2001	370
1006	770	2006	370
1002	330	2002	165
1007	330	2007	165
1003	510	2003	255
1004	750	2004	370
1005	160	2005	80

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	16	-25* =	=
Independent			
Claims	2	-4* =	=
Multiple Dependent		280	

### Large Entity

### Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	\$	Code	\$	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater. For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity			
Fee	Fee	Fee	Fee	Fee Description
Code	\$	Code	\$	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within 1st month
1252	420	2252	200	Extension for reply within 2nd month
1253	950	2253	460	Extension for reply within 3rd month
1254	1450	2254	720	Extension for reply within 4th month
1255	1970	2255	980	Extension for reply within 5th month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1504		1504		Publication fee for early, voluntary, or normal publication
1403	280	2403	140	Request for oral hearing
1505	300	1505	300	Publication fee for republication
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1300	2453	640	Petition to revive - unintentional
1501	1300	2501	640	Utility issue fee (or reissue)
1502	470	2502	230	Design issue fee
1503	630	2503	310	Plant issue fee
1460	130	1460	50	Petitions to the Commissioner
1808	130	1808	130	Processing fee CFR 1.17(i)
1807	50	1807	50	Processing fee for provisional apps.
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times # of properties)
1809	750	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))
1801	750	2801	370	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
1814	110	2814	55	Statutory Disclaimer

Other fee (specify)

\*Reduced by Basic Filing Fee Pd

SUBTOTAL (3) \$

## SUBMITTED BY

Complete (if applicable)

Name (Print)

Bandi L Karpinia

Registration No. (Attorney/Agent) 46,148

Signature

*Bandi L Karpinia*

Telephone: (954) 723-6449

Date 8/18/04